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MALI PROGRAM**

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**QUARTERLY REPORT**

**Integrated Program to Increase Resilience of Vulnerable Populations in Mopti, Gao and Kidal Regions**

**(CONTRACT NO: AID-OFDA-G-14-00098)**

**JULY 1, 2014 - SEPTEMBER 30, 2014**

**PRESENTED TO:**

**THE USAID OFFICE OF FOREIGN  
DISASTER ASSISTANCE**

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## **I. Executive Summary**

<b>PROGRAM TITLE:</b>	Integrated Program to Increase Resilience of Vulnerable Populations in Mopti, Gao and Kidal Regions
<b>PROJECT NO:</b>	AID-OFDA-G-14-00098
<b>AGENCY:</b>	International Rescue Committee (IRC)
<b>COUNTRY:</b>	Mali
<b>REPORTING PERIOD:</b>	July 1- Sep 30, 2014
<b>GOAL:</b>	Vulnerable individuals, households and communities in the Gao, Mopti and Kidal regions of Mali have increased resilience through enhanced capabilities and resources, assisting them to manage shocks, change, and thrive in the face of adversity.
<b>OBJECTIVES:</b>	<ol style="list-style-type: none"><li>1. To increase knowledge and awareness on GBV and Child Protection; improve access to psycho-social services; support and advocate for protection and promotion of the rights of children and women.</li><li>2. To increase access to basic water and sanitation facilities, to promote awareness to control and prevent WASH related diseases and to promote resilience for future shocks.</li><li>3. To increase awareness, knowledge, create behavior change, and advocate on nutrition issues for communities and authorities.</li><li>4. To enhance women's livelihoods through a pilot program of direct support using VSLA methodology and business skills (including literacy and numeracy).</li></ol>
<b>BENEFICIARIES:</b>	Total targeted: 75,268 Protection: 9,658 WASH: 22,916 Nutrition: 7,555 Early Recovery and Market Systems: 4,815 IDP beneficiaries: 7,500 (estimated 10% of total beneficiaries) Individuals affected in target area: 1,090,641
<b>LOCATION:</b>	Mopti, Gao and Kidal Regions
<b>DURATION:</b>	18 months (July 1, 2014 – December 31, 2015)

### **SUMMARY:**

This quarter was dedicated to startup activities and the completion of the baseline survey, following approval from OFDA for a two month extension of the deadline for the baseline in order to limit as much as possible overlap with the final evaluation of the IRC's other OFDA-funded grant. The baseline survey was done using a mixed method of quantitative and qualitative approaches. The quantitative component of the baseline samples 845 households in all intervention sites of the project to collect data on WASH, Child Protection, Economic Relief and Development (ERD), and Infant and Young Child Feeding (IYCF). The qualitative component focuses on collecting contextual information that could influence the program's intervention strategy. The IRC will train its surveyors in the circles of Mopti, Douentza, Ansongo, and Gao between 22-23 October on the different collection tools and methodologies. These tools will be pre-tested in a village in Mopti. Data collection will then started in the regions of Mopti and Gao at the end of the month of October through the beginning of November.

As part of the IRC's integrated approach, the teams are expected to revitalize community centers that support activities of children and youth in the cities of Gao and Douentza. Common messages will be developed by field teams with the support of coordinators. This integration will help improve the environment for children and youth activities, improve their protective environment by reducing the protection risks, and will be a space to promote good hygiene practices as well as the basics of nutrition. As part of the Ebola prevention initiatives conducted by the IRC since September, awareness raising activities will also include preventive actions for Ebola. Integration meetings and joint field visit were made to Douentza, and WASH and Protection teams have already planned joint visits to communities to discuss the community's involvement in various activities.

During this quarter, the IRC kick started a new partnership selection process through a call for proposals open to all local NGOs for all sectors. This cross-cutting process is part of the IRC's new partnership strategy based on the principles of inclusion, mutual respect, transparency, responsibility and communication. At the end of this partner selection process in October-November, the IRC hopes to have a set of "core partners" with whom they will consistently design and implement projects, including this current project.

## **II. Summary of Activities**

**Objective 1:** To increase knowledge and awareness on GBV and Child Protection; improve access to psycho-social services; support and advocate for protection and promotion of the rights of children and women

### **Protection**

#### **Beneficiary numbers**

Beneficiaries Targeted: 9,658 total direct beneficiaries, including 5,560 for Child Protection and 4,020 for Prevention and Response to GBV, and 78 government and IRC staff benefiting from trainings and support. Reached in the quarter: n/a

#### **Sub-sector 1: Child Protection**

The first quarter of the program focused on three main axes, with consideration of lessons learned from the previous OFDA-funded program and a changing context:

##### **1. Child Protection Human Resources**

The Child Protection team was restructured during the first stage of the program on the basis of lessons learned and contingency planning in case northern Mali becomes further destabilized in upcoming months. The Child Protection department worked on the reinforcement of local staff in each field team (case workers and psychosocial assistants) in order to increase community acceptance and integration and mitigate evacuation risks. Unlike the previous Child Protection structure where each staff covered all CP sectors, each field base is now made up of a case management team (local case workers and one supervisor/case management officer), a psychosocial team (psychosocial assistants and one supervisor/psychosocial officer), and a livelihoods officer who will work directly with youth beneficiaries. This has been done in order to create efficiency. Each team will also work with local partners.

##### **2. Child Protection Program Strategy**

With restructured field teams, the Child Protection team has confirmed indicators and targets that were proposed, breaking down each indicator by intervention area and adapting the proposed intervention to the changed context as of proposal submission. Targets and site revisions have been coordinated with WASH, WPE and Nutrition teams to ensure solid integration and efficient interventions.

For psychosocial interventions, an evaluation of lessons learned is being completed with field teams. Training modules are currently under review, which will be ultimately be implemented by the Child Protection and WPE field teams starting in November 2014 (after the Child Protection baseline analysis) when resilience and social life skills activities for targeted groups will begin.

For case management interventions, case workers and supervisors have received a refresher training prior to project implementation (through DFID funding). Case workers will work alongside the M&E team, during the baseline, to start identifying targeted beneficiaries for case management. The IRC is the lead in case management at the national coordination level, (see Protection coordination subsector).

In **Mopti**, the Child Protection team is going to focus on *Douentza* through the child center and local partner. Child Protection and WASH teams have conducted joint visits to continue dialogue and involvement with local authorities for the implementation of start-up activities in October. In *Boni*, integrated WASH and Child Protection interventions for conflict affected populations. Boni is one of the main areas of ongoing and expected population return (from southern regions where they were displaced since the beginning of the conflict – mainly, Sikasso and Segou) and repatriation (from Mauritania and Burkina Faso). While the WASH program will also cover the sites of *Dallah* and *Debere*, child protection needs are less relevant in both sites, and therefore, child protection teams will concentrate efforts in Douentza and Boni where protection issues, risks and populations movements demand more efforts. The target for psychosocial support in Douentza and Boni will be 1,500 children. Agreements with local radios in Douentza, Mopti and Boni have started for integrated awareness raising messages in local languages.

In **Gao**, the Protection team, based in Ansongo, will focus on child protection and WPE interventions in the Gao community center through the local partner through an integrated intervention along with WASH and GBV teams. Needs have been assessed with the community and local authorities, and interventions will start in October. The target for psychosocial support in Gao will be 2,000 children.

In **Ansongo**, the protection team will maintain a reduced intervention presence, focusing on awareness raising (including the integrated messages with WASH and Nutrition) and case management in the most affected areas of the district according to population movements.

In **Kidal**, the newly recruited local Child Protection team has been identifying the main protection needs and will concentrate on awareness raising campaigns on Explosive Remnants of War risks (See photo in Annex) and psychosocial interventions in the child friendly spaces set up during previous interventions (under DFID funding), after the May 2014 events, for a total of 500 children. A case management assessment will take place for the specific case of Kidal, since, due to the lack of services and other child protection NGOs in the area, setting up a case management program without a proper capacity assessment could be more harmful than helpful. Child Protection activities will also be implemented in **Ménaka**, per approval from OFDA in August 2014, and will allow the follow up from previous DFID and OFDA projects for the following activities:

- Support the start up of the community center with integrated WASH and Nutrition activities to create joint awareness messages and child friendly spaces within the center for mothers participating in nutrition and WPE sessions.
- Case management follow up and closure of 100 cases of repatriated children from Niger refugee camps who had been supported by IRC Niger before their referral to the IRC Ménaka team. The IRC is coordinating these and other referrals or direct responses with UNHCR and other sub cluster members.
- Provide support to families and education assistance: With the former OFDA program in Ménaka (2013-2014), the IRC has provided Income Generating Activities (IGAs) to vulnerable families in order to allow them to pay school fees for their children. In light of the new school year beginning in October, the IRC would like to have the same child protection team in the field to follow up on the evolution of these IGAs, and in particular to monitor the expenses made on children's schooling when the new school year starts.
- Cash to youth beneficiaries: During the past 6 months (April-September 2014), the IRC has supported 106 vulnerable youth in Ménaka with cash transfers for IGAs. Due to security constraints during this period, the market study and cash transfers took place in the last two months of the intervention (August and September), therefore the IRC would like to maintain the same child protection team in Ménaka to follow up the youth's IGAs and give technical support and guidance during the next 3-4 months after the IGAs start up.

### **3. A Child Protection Monitoring and Evaluation Strategy**

A Child Protection M&E strategy has also been developed with field teams and M&E department to define the different steps within the program implementation in all areas (See Annex). The strategy will focus on:

- Intervening on and monitoring the protection and child protection community services through local development committees. Monitoring (baseline and end line included in the evaluations for the program as a whole) will be done through parents, households, children and youth interviews and focus groups.
- Measuring through baseline and end line the children's resilience and well being through the CYRM-28 tool.<sup>1</sup>

### **Sub-sector 2: Prevention and Response to Gender-Based Violence (GBV)**

In preparation for implementation of activities in October, the GBV team has reviewed its strategy linking to access and control of resources for women through the creation of Villages Savings and Loan Associations (VSLA) and literacy classes. Like the Child Protection department, the GBV team is also being reorganized in Ménaka. For the VSLA component, Field Assistants and an Economic Relief and Development (ERD) Officer have been recruited. A Data Officer will also join the team to collect and analyze GBV data. The GBV program will intervene in five permanent sites (Ménaka, Inchinanae, Tagalalt, Tabankort and Anouzegrene), two sites covered by mobile teams (Touloupe and Tinabaw), and two new permanent sites (Gao city and Anderaboukane). These new sites were selected based on qualitative evaluations made by the GBV team and an upsurge of cases referred to the CSRef in Ménaka from the community health center in Anderaboukane according to the IRC Education team. The GBV team will perform community awareness raising sessions, response activities and capacity building of health staff in these two new sites (for the CSRef of Gao, this will be done in coordination with Medecins du Monde). The mobile sites will be covered jointly with the IRC Health team that visits villages once a week for awareness raising activities, support and identification of cases, referral to the Ménaka CSRef, and psychosocial support. In Gao city, a local partner is currently being selected who will assist (along with the Child Protection team) with prevention and response activities in the children's center.

### **Sub-sector 3: Protection Coordination, Advocacy, and Information**

Through DFID funding, a consultant was hired to draft the national case management guidelines with the government and the child protection department. The IRC has also worked with the Case Management Working Group on developing protocols and tools. The national guidelines and relevant tools were finalized at the beginning of October 2014. The IRC will continue to work during the following months on the capacity building of partners and government case workers through a UNICEF and OFDA co-funded training and coaching pilot program in Bamako, Mopti and Gao regions – in view of the transition the Government of the leadership of the CMWG in the coming months and years (see Annex for more information on the pilot program). This capacity building program will include child protection and GBV actors to enhance case management coordination and mainstreaming through different subsectors.

**Objective 2:** To increase access to basic water and sanitation facilities, to promote awareness to control and prevent WASH related diseases and to promote resilience for future shocks.

### **Water, Sanitation, and Hygiene (WASH)**

#### **Beneficiary numbers**

**Beneficiaries targeted:** 22,916 direct beneficiaries, including 10,728 in and outpatients with access of WASH facilities rehabilitated in 3 CSCom, 11,298 people through hygiene education, 800 children benefiting from rehabilitated WASH facilities in child centers, and 90 people receiving training through the project. **Reached in the quarter:** n/a

Following the needs assessment performed by the WASH team based in Mopti, the WASH Coordinator and Data Officer visited five health centers (Boni, Nokara, Dallah, Debere and Douentza) between 30 September and 4 October 2014 to further improve the WASH package of activities proposed in the health centers and children's center. The objective of the mission was to support the technical and technological choices of the planned activities but also the validation of the intervention

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<sup>1</sup> **CYRM-28:** Child and Youth Resilience Measure. The Child and Youth Resilience Measure (CYRM) - 28 is designed as a screening tool to explore the resources (individual, relational, communal and cultural) available to youth aged 9 to 23 years old, that may bolster their resilience. The measure was designed as part of the International Resilience Project (IRP), of the Resilience Research Centre, in collaboration with 14 communities in 11 countries around the world.

sites in accordance with the context of the area. Some changes in intervention sites identified at the time of the proposal development were made following this visit:

- The site of Nokara was replaced with Dallah as it determined that Dallah covers a greater number of villages and is the preferred CSCom to visit by most surrounding villages. Additionally a functional borehole and latrine already existed in Nokara.
- The site of Mondoro was replaced with Debere per a request made by community authorities and due to travel restrictions to Mondoro because of security (See Annex for note from Governor of Mopti).

#### **Sub-sector 1, 2 & 3: Sanitation Infrastructure; Environmental Health; Water Supply Infrastructure**

In **Mopti**, four CSComs were validated during the WASH Coordinator's visit: Boni, Dallah, Debere and Douentza city. The sanitation activities that will be undertaken are:

- Boni : water connection to the community network and one tap in the delivery room; construction of a latrine block with separate stalls for men and women; supply of a hygiene kit; installment of an incinerator and pit; awareness raising on diarrheal diseases and skin diseases identified by the community health center following the use of surface water.
- Dallah: connection to the community water system and a tap in the delivery room; construction of a latrine block with separate stalls for men and women; hygiene promotion; hygiene kit; and incinerator.
- Debere: no latrines to build since there is already a 6-stall latrine on site. Rehabilitation of the existing autonomous network at the community health center (supply and installation of a submersible pump, solar panels and wiring). The WASH team will provide a hygiene kit; incinerator and pit; hygiene promotion.
- Douentza: new latrines are expected to be built at the CSCom that would allow separate stalls for men and women.
- Children's center in Douentza: the WASH team is planning on meeting all stakeholders (local authorities and youth associations) to discuss a plan of action to rehabilitate the center. This plan will shape sanitation priorities for the center.

In **Ménaka and Gao**, WASH activities will focus on the two children's centers. The center in Gao is operational whereas the one in Ménaka will require a meeting with village leaders and associations to put together an action plan.

#### **Sub-sector 4: Hygiene Promotion**

The local partner will oversee hygiene promotion (including Ebola prevention) in all centers. Recruitment for a partner is underway and will be completed in October. Activities promoting health will also focus on reducing the use of surface water (in Boni particularly) which causes many cases of diarrhea and skin diseases. The partner will use all methods to achieve awareness, including Community-Let Total Sanitation (CLTS).

**Objective 3:** To increase awareness, knowledge, create behavior change, and advocate on nutrition issues for communities and authorities.

#### **Nutrition**

##### **Beneficiary numbers**

Beneficiaries targeted: 7,555 direct beneficiaries, including 200 women receiving IYCF counseling, 55 Community Health Workers supported, and 7300 people receiving behavior change intervention. Reached in the quarter: n/a

#### **Sub-sector 1: Infant and Young Child Feeding (IYCF) and Behavior Change**

A Counseling Officer for the Ménaka health center is currently being recruited. Next quarter will be dedicated to IYCF staff training and the establishment of the community center in Ménaka (rehabilitation of the building). The team will also work on listing pregnant and lactating women in Ménaka city through the maternity register and traditional birth attendance reports. The IRC team will work closely with the CSRef health staff in charge of pre and post natal consultation to identify women facing breastfeeding difficulties who could receive breastfeeding counseling. In parallel, the IRC technical nutrition team is developing a specific tool to evaluate IYCF (which will also be used for a SIDA-funded project) and an assessment will be conducted during the next quarter.

### **Sub-sector 2: Management of Moderate Acute Malnutrition (MAM)**

As explained in the proposal, management of Moderate Acute Malnutrition is currently being undertaken through an ECHO-funded program that started in June 2013. This OFDA project will complement community based management activities such as training and follow up of Community Health Volunteers in charge of active screening /referral and sensitization. During this period (July to September 2014 *under ECHO*), 2,036 children under five were screened by 105 trained community health volunteers in 11 “aires de santé” (health areas). Among them, 278 have been identified as malnourished (208 MAM, and 70 SAM) and referred to the nearest health center. At the health center level, 1,049 children were confirmed as malnourished (797 moderate and 252 severe) by the medical team. This number includes both spontaneous and community health volunteer referral. The performance indicators of the MAM project are in the range of the recommended standards (>75% of cured rate, <15% of defaulter, <3% of death rate) with 87% of cured rate, 13% of defaulter and 0% death rate.

### **Sub-sector 3: Management of Severe Acute Malnutrition (SAM)**

The management of Severe Acute Malnutrition activities is also currently being undertaken through an ECHO-funded project since June 2013. The OFDA program will complement community based management activities such as training and follow up of Community Health Volunteers in charge of active screening /referral and sensitization. The performance indicators of SAM project remains far of recommended standards (>75% of cured rate, <15% of defaulter, <10% of death rate) with 75% of cured rate, 24.6% of defaulter and 0.4 death rate. This high defaulter rate is mainly explained by movement populations linked to the current security situation and annual nomadic migrations which have impacted SAM treatment than MAM treatment. Indeed, the treatment of SAM requires weekly attendance to ensure a proper follow up in comparison to MAM treatment which is done every two weeks.

**Objective 4:** To enhance women’s livelihoods through a pilot program of direct support using VSLA methodology and business skills (including literacy and numeracy).

### **Economic Recovery and Market Systems**

#### **Beneficiary numbers**

Beneficiaries targeted: 4,815 direct beneficiaries, including 250 women of 10 VSLA groups; 500 young mothers and youth at risk; 4,000 beneficiaries of psychosocial activities at the Child Protection Centers<sup>2</sup>; 50 members of the child protection community networks; 15 staff of DNPEF/DRPEF. Reached in the quarter: n/a

### **Sub-sector 1 & 2: Microfinance & New Livelihoods Development**

The Child Protection restructured team has been working on the youth & livelihoods (Y&L) and microfinance strategy for child protection outcomes based on lessons learned from previous DFID and OFDA interventions:

#### **Youth & Livelihoods (Y&L):**

200 youth in Mopti, 200 youth in Gao and 100 youth in Kidal will benefit from an updated Y&L strategy based on community feedback and recommendations during the previous intervention. The strategy will focus on a more sustainable intervention based on professional training and support to income generating activities (IGA) in each area of intervention as opposed to cash transfers. Field teams have started a dialogue with local authorities and other partners for the selection of trainers and professions to be included in the program. The most suitable options will be explored for professional training and IGAs depending on areas of intervention and availability of professional training structures. The Child Protection M&E strategy includes specific monitoring and evaluation questions to define livelihoods and youth needs in the different areas of intervention. Beneficiaries will be defined after the baseline analysis.

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<sup>2</sup> Benefitting from the sustainability of the Child Protection Centers through Income Generating Activities that the participatory business study funded by OFDA will help identify

In Ménaka, the IRC will follow up on the 145 youth beneficiaries of a 6-month DFID funded program (April-September 2014) who had been supported with cash transfers for IGAs (see *Child Protection Program Strategy* in II. Summary of Activities). Monitoring both strategies (CASH versus IGA and professional training) will allow the IRC to make a comparative analysis of both Y&L interventions.

#### Microfinance:

As part of the IRC Economic Recovery and Development (ERD) program in Mali<sup>3</sup>, a five-day training on the Village Saving and Loans Associations (VSLA) methodology was held in Bamako in July for four GBV staff, four Child Protection staff, and eight ERD staff covering access to resources for women and girls. The training was led by an IRC ERD officer from Cote d'Ivoire and one of the IRC ERD manager. The GBV team has started meeting women to introduce the project and so far it has been well received.

### III. Indicator Tracking

**Table 2: Objective Achievements for Project by Indicator**

Indicator	Target	Actual Q1	Cumulative	Remarks
<b>OBJECTIVE 1 Sector: Protection; Sub-Sector: Child Protection</b>				
1. Number of people trained in child protection, disaggregated by sex	260 people (160 men and 100 women)	0	0	Activities will begin during Q2 following completion of the baseline.
2. Number of trained IRC staff and partners reporting an increased understanding of resiliency and case management steps and procedures.	100% of those trained (200)	0	0	Activities will begin during Q2 following completion of the baseline.
3. Number of children and caregivers reached by awareness sessions, by sex	35,000 (25,000 female 10,000 male) approx.	0	0	Activities will begin during Q2 following completion of the baseline.
4. Number of children entered into CP IMS who receive an action plan and at least one follow up visit (OFDA)	1,300 (1,000 girls, 300 boys)	0	0	Activities will begin during Q2 following completion of the baseline.
5. Number of children participating in psychosocial activities (psychosocial	4,000	0	0	Activities will begin during Q2 following completion of the baseline.

<sup>3</sup> Implemented in the District of Nara, Koulikoro Region through funds from USAID and in Ménaka and Ansongo Districts in Gao Region through funds from OFDA and Sida

**Table 2: Objective Achievements for Project by Indicator**

Indicator	Target	Actual Q1	Cumulative	Remarks
centers and case management)				
6. Percent of children reporting improvements in resiliency and accessing services	80%	0	0	Activities will begin during Q2 following completion of the baseline.
<b>OBJECTIVE 1 Sector: Protection; Sub-Sector: Prevention and Response to Gender-based Violence</b>				
1. Number of individuals benefiting from GBG services, by sex (OFDA)	2,320 total (800 women, 720 girls, 400 boys and 400 men).	0	0	Activities will begin during Q2 following completion of the baseline.
2. Number of people trained in GBV prevention or response, by sex (OFDA)	78 (GBV, health, child protection, and WASH staff and health center staff)	0	0	Activities will begin during Q2 following completion of the baseline.
3. Number of CScOm and number of survivors who receive Post-rape Kits	8 CScOm/80 survivors	0	0	Activities will begin during Q2 following completion of the baseline.
4. Percent of community group sessions held where participants demonstrate knowledge of existing services, their importance and how to access these services by the end of project	75%	0	0	Activities will begin during Q2 following completion of the baseline.
5. Number of survivors referred by other services	400 survivors	0	0	Activities will begin during Q2 following completion of the baseline.
6. Percent of health workers who have received training on	90%	0	0	Activities will begin during Q2 following completion of the baseline.

**Table 2: Objective Achievements for Project by Indicator**

Indicator	Target	Actual Q1	Cumulative	Remarks
the medical management of cases of sexual violence and have applied the standard protocols and put into practice GBV survivor-centered services				
7. Women and girls in focus groups report increased safety and access to gender-based violence services	70%	0	0	Activities will begin during Q2 following completion of the baseline.
<b>OBJECTIVE 1 Sector: Protection; Sub-Sector: Protection Coordination, Advocacy, and Information</b>				
1. Number of people trained in protection, by sex (OFDA)	100	0	0	Activities will begin during Q2 following completion of the baseline.
2. Number of IRC led workshop sessions with Government and Protection cluster working group on Case management and IA CPMS	6 (quarterly)	0	0	Activities will begin during Q2 following completion of the baseline.
3. Number of community leaders who take action to reduce risk for women and girls (OFDA)	8	0	0	Activities will begin during Q2 following completion of the baseline.
<b>TOTAL OBJECTIVE 1: Number of Beneficiaries Targeted: 9,658    Number of Beneficiaries Reached: 0</b>				
<b>OBJECTIVE 2 Sector: Water, Sanitation, and Hygiene; Sub-Sector: Sanitation Infrastructure</b>				
1. Estimate of the population served by the sanitation program (OFDA)	11,328	0	0	Activities will begin during Q2 following completion of the baseline.
2. Number of hand washing facilities in use at target CScCom	9	0	0	Activities will begin during Q2 following completion of the baseline.

**Table 2: Objective Achievements for Project by Indicator**

Indicator	Target	Actual Q1	Cumulative	Remarks
3. Number of latrines at CCom completed and clean	3	0	0	Activities will begin during Q2 following completion of the baseline.
<b>OBJECTIVE 2 Sector: Water, Sanitation, and Hygiene; Sub-Sector: Environmental Health</b>				
1. Number of people targeted by Environmental health program (OFDA)	10,728	0	0	Activities will begin during Q2 following completion of the baseline.
2. Number of CCom targeted by environmental health program	3	0	0	Activities will begin during Q2 following completion of the baseline.
3. Number of CCom targeted for medical waste management	3	0	0	Activities will begin during Q2 following completion of the baseline.
4. Number of visits where evaluation showed proper segregation and disposal of medical waste	3	0	0	Activities will begin during Q2 following completion of the baseline.
<b>OBJECTIVE 2 Sector: Water, Sanitation, and Hygiene; Sub-Sector: Water Supply Infrastructure</b>				
1. Estimate of population served by water supply program (OFDA)	12,097	0	0	Activities will begin during Q2 following completion of the baseline.
2. Number of CCom targeted by water supply infrastructure	3	0	0	Activities will begin during Q2 following completion of the baseline.
3. Number of water points developed, repaired or rehabilitated	5	0	0	Activities will begin during Q2 following completion of the baseline.
4. Number of water points tested with 0 fecal coli forms per 100mL sample	5	0	0	Activities will begin during Q2 following completion of the baseline.
5. Number of child protection centers provided with access to potable water	2	0	0	Activities will begin during Q2 following completion of the baseline.
<b>OBJECTIVE 2 Sector: Water, Sanitation, and Hygiene; Sub-Sector: Hygiene Promotion</b>				

**Table 2: Objective Achievements for Project by Indicator**

Indicator	Target	Actual Q1	Cumulative	Remarks
1. Number of people receiving hygiene promotion (excluding mass media campaigns and without double-counting) (OFDA)	22,916	0	0	Activities will begin during Q2 following completion of the baseline.
2. Number of artisans trained on repairs and maintenance	6	0	0	Activities will begin during Q2 following completion of the baseline.
3. Number of water points that are clean and protected from contamination	5	0	0	Activities will begin during Q2 following completion of the baseline.
4. Number of community outreach workers trained in hygiene promotion	28	0	0	Activities will begin during Q2 following completion of the baseline.
<b>TOTAL OBJECTIVE 2: Number of Beneficiaries Targeted: 22,916      Number of Beneficiaries Reached: 0</b>				
<b>OBJECTIVE 3 Sector: Nutrition; Sub-Sector: Infant and Young Child Feeding and Behavior Change</b>				
1. Number and percentage of infants 0-<6 mo. who are exclusively breastfed (OFDA)	Information will be available through the baseline and end line survey	0	0	Activities will begin during Q2 following completion of the baseline.
2. Number and percentage of children 6-23 months of age who receive foods daily from 4 or more food groups (to achieve minimum dietary diversity)	Information will be available through the baseline and end line survey	0	0	Activities will begin during Q2 following completion of the baseline.
3. Number of CHWs trained and supported (total and per 10,000 population within project area), by sex	55	0	0	Activities will begin during Q2 following completion of the baseline.

**Table 2: Objective Achievements for Project by Indicator**

Indicator	Target	Actual Q1	Cumulative	Remarks
4. Number of people receiving behavior change interventions, by sex and age	7,500	0	0	Activities will begin during Q2 following completion of the baseline.
<b>OBJECTIVE 3 Sector: Nutrition; Sub-Sector: Management of Moderate Acute Malnutrition (MAM)</b>				
1. Number of health care providers and volunteers trained in the prevention and management of MAM, by sex	55 (50% male, 50% female)	0	0	Activities will begin during Q2 following completion of the baseline.
2. Number of Moderate acute malnourishment cases screened at community level by CHWs (identified as malnourished and referred to health facilities)	700	0	0	Activities will begin during Q2 following completion of the baseline.
<b>OBJECTIVE 3 Sector: Nutrition; Sub-Sector: Management of Severe Acute Malnutrition (SAM)</b>				
1. Number of health care providers and volunteers trained in the prevention and management of SAM, by sex and age (ODFA)	55	0	0	Activities will begin during Q2 following completion of the baseline.
2. Number of severe acute malnourishment cases screened at community level by CHWs (identified as malnourished and referred to health facilities)	350	0	0	Activities will begin during Q2 following completion of the baseline.
<b>TOTAL OBJECTIVE 3: Number of Beneficiaries Targeted: 7,555      Number of Beneficiaries Reached: 0</b>				
<b>OBJECTIVE 4 Sector: Economic Recovery and Market Systems; Sub-Sector: Microfinance</b>				

**Table 2: Objective Achievements for Project by Indicator**

Indicator	Target	Actual Q1	Cumulative	Remarks
1. Number of people, by sex, or MSEs newly receiving financial services or continuing to receive financial services due to USAID/OFDA support (OFDA)	250 women	0	0	Activities will begin during Q2 following completion of the baseline.
2. Percentage of financial service accounts/groups supported by USAID/OFDA that are functioning properly (OFDA)	85%	0	0	Activities will begin during Q2 following completion of the baseline.
3. Total USD amount channeled into the program area through sub-sector activities (OFDA)	\$1,000	0	0	Activities will begin during Q2 following completion of the baseline.
<b>OBJECTIVE 4 Sector: Economic Recovery and Market Systems; Sub-Sector: New Livelihoods Development</b>				
1. Number of people assisted through new livelihoods development activities, disaggregated by sex (OFDA)	4,565	0	0	Activities will begin during Q2 following completion of the baseline.
2. Number of new MSEs started (OFDA)	250	0	0	Activities will begin during Q2 following completion of the baseline.
3. Percentage of people, disaggregated by sex, continuing in their new livelihoods by program completion (OFDA)	70%	0	0	Activities will begin during Q2 following completion of the baseline.
4. Total USD amount channeled into the program area through sub-sector activities (OFDA)	\$51,000	0	0	Activities will begin during Q2 following completion of the baseline.
<b>TOTAL OBJECTIVE 4: Number of Beneficiaries Targeted: 4,815      Number of Beneficiaries Reached: 0</b>				

**Table 2: Objective Achievements for Project by Indicator**

Indicator	Target	Actual Q1	Cumulative	Remarks
<b>TOTAL PROJECT : Number of Beneficiaries Targeted: 75,268</b>		<b>Number of Beneficiaries Reached: 0</b>		

**IV. Constraints, Challenges and Lessons Learned**

As was stated previously, some WASH intervention sites had to be changed following a needs assessment visit made by the WASH Coordinator to the region and restricted access to Mondoro due to the security situation.

**V. Activities for the following quarter****Child Protection :**

- Monitoring of ongoing cases and the management of new cases.
- Identification, orientation and training of youth in business or income-generating activities.
- Identify and begin training in life skills groups for children and youth in different communities.
- Production and dissemination of child friendly maps to facilitate referencing in different intervention sites.
- Identify and support vulnerable families.
- Training of staff on the psycho-social support.
- Training and support in case management for actors of the working group for the CPIMS database.

**Gender Based Violence :**

- Monitoring of volunteers managing tea rooms and focal points in CSComs on the use of registers.
- The evaluation of functionality and quality criteria of the four former CSCom that have tea rooms.
- Organizing radio messages with girls and women of the CAFO on GVB topics.
- Joint Missions with the IRC mobile health teams to enhance the access of women and girls from areas around the CSCom to benefit from access to care.
- Organization of meetings with community leaders in the new intervention sites in Gao and Anderamboukane to introduce the GBV Program.
- Four new Girl Effect groups made up of 25 girls each will start up activities during the month of October. Two groups created during the previous program will also be followed.

**WASH :**

- In Mopti, the team will work on hiring a construction company to begin rehabilitation activities in November. The IRC will also finalize its partner selection process so as to begin training the partner and share hygiene promotion tools. Ideally, a first wave of training in the CSComs will be held in December.
- In Ménaka, the team will evaluate the needs of the child protection center in Gao in October. November will be dedicated towards beginning hygiene promotion activities, sharing of hygiene kits, and rehabilitations.

**Nutrition:**

- The Nutrition team will assist with the rehabilitation of the counseling center.
- As stated previously, the team will also identify lactating women facing breastfeeding difficulties and the launch of breastfeeding counseling activities.

**Economic Recovery and Market Systems:**

- Following sensitization of women in Ménaka on the VSLA methodology, five groups will be set up in five districts. 125 women have already been identified to take part in this activity. An additional 275 women spontaneously expressed an interest in creating VSLA groups in Ménaka. Though the GBV program will be unable to monitor these additional ad hoc groups, the team will provide capacity building and VSLA/literacy kits when possible.
- Once the five groups are properly set up, the IRC will track meetings of five groups in Ménaka. The GBV staff will also provide training to volunteers to monitor the VSLA group.
- During the next quarter, the GBV team also plans on starting literacy classes for women in the VSLA groups.